|  |                              |  | ·            | SRF D        | isburse      | ment         | Reque           | est For          | rm            |                       |                |         |         |       |
|--|------------------------------|--|--------------|--------------|--------------|--------------|-----------------|------------------|---------------|-----------------------|----------------|---------|---------|-------|
| Participant Inf  | formation                    |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Name: C  | Name: City of West Lafayette |  |              |              |              |              | •               | SRF Loan Number: |               |                       | r: WW141079 07 |         |         |       |
| DUNS Number:   | 04 45                        | 55 2636  |              | CCR Ni       | umber:       | 6NKJ2        |                 |                  |               | Request               |                |         | 19      |       |
| Mailing  | 711\                         | West Navajo Stre   | et           |              |              |              |                 |                  |               | - <del>1 ••</del> . • |                |         |         |       |
| City: West   | Lafayette                    |  |              | State:       | IN           |              |                 |                  |               | ZIP                   | 479            | 06      |         |       |
| Contact Person:  |                              | Judith (   | C. Rhodes,   | Clerk-Trea   | surer        | Con          | tact Phone      | Number:          |               | 765-775-5150          |                |         |         |       |
| Authorized Repr  | esentative                   | : Mayor.   | John R Den   | nis, or Cl-1 | Tr J. Rhodes | Aut          | horized Rep     | oresentativ      | ve Pho        | one Number:           | 765            | 5-775-5 | 100     |       |
| If requesting rei  | mburseme                     | nt to the Particip   | ant by wir   | e transfer   | please provi | de the fol   | lowing info     | rmation:         |               |                       |                |         |         |       |
| Bank Name:   |                              |  |              |              |              | Bank         | Routing Nu      | ımber:           |               |                       |                |         |         |       |
| Account Name:  |                              |  |              |              |              | Acco         | unt Numbe       | r:               |               |                       |                |         |         |       |
| Loan Informat  | ion                          |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Description of w<br>(services, fees, t   |                              | ich claim is being<br>k, etc.):  | g made       | Sher         | aton and Fa  | irway Kno    | olls Lift Stati | ion Improv       | /emer         | nts                   |                |         |         |       |
| Is any part of this claim funded by an alternate funding source?   |                              |  |              |              |              |              |                 |                  |               | ☐ YES                 | ⊠ NO           |         |         |       |
| If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):      |                              |  |              |              |              |              |                 |                  |               | \$                    |                |         |         |       |
| Is any part of this claim funded by the Indiana Brownfields Program?   |                              |  |              |              |              |              |                 |                  |               | ☐ YES                 | ⊠ NO           |         |         |       |
| Has the Participant paid the request and is now seeking reimbursement?   |                              |  |              |              |              |              |                 |                  |               | ☐ YES                 | ⊠ NO           |         |         |       |
| Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.        |                              |  |              |              |              |              |                 |                  |               | ☐ YES                 | ⊠ NO           |         |         |       |
| Are there Green Project Reserve components involved in this request?   |                              |  |              |              |              |              |                 |                  |               | YES                   | ⊠ NO           |         |         |       |
| If yes, please de  | scribe:                      |  |              |              |              |              |                 |                  |               |                       |                | L       |         |       |
| Loan Financial   | Informat                     | ion  |              |              |              | •            | `               |                  |               |                       |                |         |         |       |
| Original Loan Ar   | mount:                       |  |              |              |              |              |                 |                  |               |                       |                | \$      | 2,610,0 | 00.00 |
| Total Amount of Disbursements:   |                              |  |              |              |              |              |                 |                  | \$ 825,919.00 |                       |                |         |         |       |
| Balance Availab<br>Disbursement:   |                              |  |              |              |              |              |                 | \$               | 1,770,832.00  |                       |                |         |         |       |
|  |                              |  |              |              |              |              |                 | \$               | 13,249.00     |                       |                |         |         |       |
| Is any part of thi   | s request a                  | partial or final r   | elease of r  | etainage to  | the contra   | ctor?        |                 |                  |               |                       |                | 1       | YES     | ⊠ NO  |
| Contractor Name  | e: '                         | Wessler Enginee  | ring         |              |              | DU           | INS Numbe       | r: 08            | 153           | 1352                  | ·              |         |         |       |
| Mailing address:   |                              | 6219 S East Stree  | et           |              |              |              |                 | 1                |               |                       |                |         |         |       |
| City: Indian   | apolis                       |  |              | State:       | IN           |              |                 |                  |               | ZIP Code:             | 46             | 6227    |         |       |
| Wiring Informati   | ion:                         |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Bank Name:   | Bank Routing Number:         |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Account Name:  | <u> </u>                     |  |              |              |              | Ac           | count Numl      | ber:             |               |                       |                |         |         |       |
| Retainage Amo  | ount for th                  | his Request:   |              |              |              |              |                 |                  |               |                       |                | \$      |         |       |
| Participant requests that the retainage amount be held by SRF:   |                              |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above: |                              |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Participant requests that the retainage amount be sent to the following bank:  |                              |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Bank Name:   | Bank Routing Number:         |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| Account Name:  |                              |  |              |              |              | Acc          | count Numi      | ber:             |               |                       |                | 1       | T       |       |
| Total Amount   |                              | -  |              |              |              |              |                 |                  |               |                       |                | \$      | 13,249  |       |
| The undersigned he of the project agree Department of Laboration   | ement, that                  | the certified pay  | rolls receiv |              |              |              |                 |                  |               |                       |                |         |         |       |
| Authorized Representative  |                              |  |              |              |              | Date: JUL 14 |                 |                  |               |                       | 2015           |         |         |       |
|  |                              |  |              |              |              |              |                 |                  |               |                       |                |         |         |       |
| For Internal Use   | Only:                        | MANAGEMENT CONTROL CON |              |              |              |              | 5               |                  |               |                       | T              |         |         |       |
| Approved By:   |                              |  |              |              |              |              | Date:           |                  |               | GPR                   |                | \$      |         |       |



## RECEIVED

## JUL 07 2015 UTILITY DIRECTOR

More than a Project™

**INVOICE** 

To:

CITY OF WEST LAFAYETTE

Invoice Number: 27905

June 25, 2015

MR. DAVID S. HENDERSON, UTILITY DIRECTOR

21703

500 SOUTH RIVER ROAD

WEST LAFAYETTE, INDIANA 47906

Project:

174515.00

WEST LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager:

GARY L. RUSTON

Professional Services for the Period: 5/1/15 to 5/31/15.

| PHASE:     | .68      | RESIDENT PROJECT REPRESEN               | TATIVE         |           |               |
|------------|----------|---|----------------|-----------|---------------|
| TASK:      | .01      | SHERATON & FAIRWAY KNOLI                | LS LIFT STATIO | N - RPR   |               |
| Profession | al Servi | ices                                    | Bill Hours     | Bill Rate | Charge        |
| Senior P   | roject M | fanager I                               | 2.00           | \$ 165.00 | \$ 330.00     |
|            |          | Project Representative (Regular Hours)  | 131.00         | \$ 90.00  | 11,790.00     |
| Senior R   | esident  | Project Representative (Overtime Hours) | 2.00           | \$ 135.00 | <u>270.00</u> |
|            |          | Total Labor                             | 135.00         |           | \$ 12,390.00  |
| Reimbursa  | bles     |   |                |           |               |
| Travel     |          |   |                |           | \$858.61      |
|            |          | Total Reimbursables                     |                |           | \$ 858.61     |

**Total Project Invoice Amount** 

\$ 13,248.61

Wessler Engineering, Inc. GARY L. RUSTON

Project Manager

Aged Receivables:

 CURRENT
 30-60
 60-90
 90-120
 OVER 120

 \$13,248.61
 \$1,238.58
 \$0.00
 \$0.00
 \$0.00

All invoices are due upon receipt. A late charge of 1.5% will be added to any unpaid balance after 30 days.

27905 Project W. LAF - SHERATON & FAIRWAY KNOLLS LS Invoice 174515.00

## Billing Backup

Thursday, June 25, 2015

11:06:54 AM WESSLER ENGINEERING, INC. Invoice 27905 Dated 6/25/2015 W. LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION 174515.00 Project 00068 CONSTRUCTION OBSERVATION Phase SHERATON & FAIRWAY KNOLLS LS RPR Task 000001 **Professional Services** Bill Hours Bill Rate Charge Senior Project Manager I Senior Project Manager I 2.00 165.00 330.00 521 ROBINSON. 5/15/2015 **BRADLEY** Deliver phone to Bil, visit site Sr. Resident Project Representative Sr. Resident Project Representative 5/1/2015 5.50 90.00 495.00 528 McGUIRE, SAMUEL Inspection 528 McGUIRE, SAMUEL 5/4/2015 3.00 90.00 270.00 Inspection 528 McGUIRE, SAMUEL 5/5/2015 4.00 90.00 360.00 Inspection 528 McGUIRE, SAMUEL 5/6/2015 5.00 90.00 450.00 Inspection 528 McGUIRE, SAMUEL 5/7/2015 8.50 90.00 765.00 Inspection 528 McGUIRE, SAMUEL 5/8/2015 5.00 90.00 450.00 Inspection 528 McGUIRE, SAMUEL 5/11/2015 3.00 90.00 270.00 Inspection 7.00 90.00 630.00 528 McGUIRE, SAMUEL 5/12/2015 Inspection 6.50 90.00 585.00 528 McGUIRE, SAMUEL 5/13/2015 Inspection 5/14/2015 Ovt 2.00 135.00 270.00 528 McGUIRE, SAMUEL 90.00 720.00 McGUIRE, SAMUEL 5/14/2015 8.00 528 Inspection 8.00 90.00 720.00 528 McGUIRE, SAMUEL 5/15/2015 Inspection 90.00 810.00 528 McGUIRE, SAMUEL 5/18/2015 9.00 Inspection 1,035.00 528 McGUIRE, SAMUEL 5/19/2015 11.50 90.00 Inspection 810.00 528 McGUIRE, SAMUEL 5/20/2015 9.00 90.00 Inspection 7.00 90.00 630.00 528 McGUIRE, SAMUEL 5/21/2015 Inspection 630.00 7.00 90.00 528 McGUIRE, SAMUEL 5/26/2015 Inspection

| Project     | 17451      | 5.00             | W. LAF - SHERA            | TON & FAIRW        | AY KNOLLS LS   | Invoice                 | 27905       |  |
|-------------|------------|------------------|---------------------------|--------------------|----------------|-------------------------|-------------|--|
| 528         |            | RE, SAMUEL       | 5/27/2015                 | 8.00               | 90.00          | 720.00                  |             |  |
| 528         |            | RE, SAMUEL       | 5/28/2015                 | 8.00               | 90.00          | 720.00                  |             |  |
| 528         | Inspection | on<br>RE, SAMUEL | 5/29/2015                 | 8.00               | 90.00          | 720.00                  |             |  |
| 020         | Inspection |                  | 0,20,2010                 | 0.00               | 00.00          | 120.00                  |             |  |
|             |            | Totals           |                           | 135.00             |                | 12,390.00               |             |  |
|             |            | Total Labor      |                           |                    |                |                         | 12,390.00   |  |
| Reimbur     | sables     |                  |                           |                    |                |                         |             |  |
| Travel      |            | 5/4/0045         | M 011105 0A1              | M. I.E / O         |                | 45.00                   |             |  |
| EX 000      | 00000532   | 5/4/2015         | McGUIRE, SAI<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   | )           |  |
| EX 000      | 000000532  | 5/5/2015         | McGUIRE, SAI<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   |             |  |
| EX 000      | 00000532   | 5/6/2015         | McGUIRE, SAI<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   | )           |  |
| EX 000      | 00000532   | 5/7/2015         | McGUIRE, SAI<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   | )           |  |
| EX 000<br>5 | 00000532   | 5/11/2015        | McGUIRE, SAI<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/12/2015        | McGUIRE, SAN<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   | ľ           |  |
| EX 000<br>5 | 00000532   | 5/13/2015        | McGUIRE, SAN<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   | ı           |  |
| EX 000<br>5 | 00000532   | 5/14/2015        | McGUIRE, SAN<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/18/2015        | McGUIRE, SAN<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/19/2015        | McGUIRE, SAN<br>Lafayette | MUEL / Overni      | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/20/2015        | McGUIRE, SAN<br>Lafayette | //UEL / Overni     | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/26/2015        | McGUIRE, SAN<br>Lafayette | /IUEL / Overni     | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/27/2015        | McGUIRE, SAN<br>Lafayette | /IUEL / Overni     | ght - West     | 15.00                   |             |  |
| EX 000<br>5 | 00000532   | 5/28/2015        | McGUIRE, SAN<br>Lafayette | /IUEL / Overni     | ght - West     | 15.00                   |             |  |
|             |            | Total Reimbu     | ırsables                  |                    |                | 210.00                  | 210.00      |  |
| Jnit Billin | •          |                  |                           |                    |                |                         |             |  |
| _           | Company v  | ehicles          |                           | 000000             | 0.0575         | 400.00                  |             |  |
| VEH.        |            |                  |                           | 859.0 Mile         | _              | 493.93                  |             |  |
| VEH.        |            |                  |                           |                    | s @ 0.575      | 17.25                   |             |  |
| VEH.        |            | Total Units      |                           | 239.0 Mile         | s @ 0.5/5      | 137.43<br><b>648.61</b> | 648.61      |  |
|             | ,          | otal Omits       |                           | Total this Task    |                |                         |             |  |
| ·           |            |                  |                           |                    | ise            | <b>\$13,248.61</b>      |             |  |
|             |            |                  |                           | Total this Project |                |                         |             |  |
|             |            |                  |                           |                    | Total this Rep | ort                     | \$13,248.61 |  |